COUNTY OF YELLOW MEDICINE

	Court File No: 8/-CR	-	
	CA File No		
State of Minnesota, Plaintiff,			
raman,	AFFIDAVIT FO	D	
		K	
VS.	RESTITUTION		
Defendant.			
heing	duly sworn, states the following losses were	e incurred, or	
the following property was damaged, s	stolen or destroyed by, defendant. List the clude other out of pocket losses resulting from	value and/or	
`	\$		
	\$		
	\$		
	\$		
	\$		
	\$ \$ \$ \$ \$		
TOTAL:	\$		
My losses/damages (were) (were not) cov Name/address and phone number of insur			
Policy No	Amount of deductible	_ Amount of deductible	
Claim No	and/or uninsured loss:		
\square Insurance claim has been submitted but	has not been paid.		
Signed and sworn to before me on			
bighed and sworn to before the on	Signature		
	Address		
	Phone #		
Deputy/Notary Public	- 1000		

Note: This affidavit for restitution must be completed and returned to the County Attorney not later than . Failure to claim restitution will not result in the loss of the right to pursue any other civil remedy available by law.

Date of Offense: Date: State vs. Court File No. 87-CR-County Attorney File No. Division: Criminal Charge: PLEASE COMPLETE THE FOLLOWING: Name _____ Home Phone Address ______ Business Phone _____ City _____ State ____ Zip ____ **REQUEST FOR SENTENCING** Although it is the responsibility of the Court to impose final sentence, your opinion is important. What would you like to see happen with this case? Probation - An alternative to or an extended part of imprisonment. It is a system where the offender is monitored by an agent to insure compliance with the sentence. Restitution - The act of restoring or making right. As a condition of the offender's sentence, he/she is ordered to pay money to reimburse the victim to alleviate damage. Please complete the enclosed Restitution Request Affidavit to make a specific restitution request. Jail - A detention facility administered by the county sheriff's office. Usually it holds less serious offenders. Prison - A state run security detention center. More serious offenders are detained in these facilities. No Contact - By court order, the defendant will be unable to contact you. _____ Apology - An apology from the offender to the victim. (check one) _____ written ____ in person Mediation - A meeting that includes the offender, the victim, and a facilitator. _____ No Preference

VICTIM IMPACT STATEMENT

Other, Please explain:

Page 2	
Victim impact	Statement

PERSONAL IMPACT
Statement may include (1) a summary of the harm or trauma suffered as a result of this crime; (2)
summary of the economic loss or damage suffered as a result of this crime.
(Please attach additional pages if necessary)
OTHER REQUEST
_
If found guilty and a PSI (pre-sentence investigation) is ordered, would you like this Impact
Statement forwarded to the Department of Corrections for their information? (if not you may
receive another Impact Statement from 6W Community Corrections for your completion).
YesNo
Even if you do not have any specific disposition request, you still have the right to be notified of the
developments of the case and the outcome of the sentence. If you would like this information, but do not wish to make any other requests, please check the following appropriate blank.
do not wish to make any other requests, please check the following appropriate brank.
Yes, I want to be notified of the progress in the prosecution.
Yes, I want to be notified of the sentence in the case.
Yes, I want notification of the offender's release.
Is any of your manager, in such du of the malice demonstrated?
Is any of your property in custody of the police department? Yes No
1es No
Do you need assistance in the return of your property?
YesNo
YOUR SIGNATURE DATE